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DATE: June 22, 2006

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	NAME	FAX	PHONE
TO:	Examiner Meagan S. Walling U.S. Patent and Trademark Office	571-273-8300	571-272-2283

FROM:	Gerald Chan gerald.chan@bingham.com	(650) 849-4800	(650) 849-4960
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PAGES: (INCLUDING THIS COVER PAGE): 16

RE: U.S. Patent Application Serial No. 10/799,899
 Entitled: Multimedia Auditory Test Instrument
 Date Filed: March 12, 2004
 Our Docket No.: 2024071-7005362002

MESSAGE:

Certificate of Transmission (37 C.F.R. § 1.8(a)):

Pursuant to 37 C.F.R. § 1.6(d), I hereby certify that this paper and all enclosures are being sent via facsimile on the date indicated below to the attention of Examiner Meagan S. Walling, (Group Art Unit 2863) at Facsimile No. (571) 273-8300.

Dated: June 22, 2006

Name of Person Certifying:

Printed Name:

Sheila Badon

Enclosed:

- Transmittal (1 pg.);
- Fee Transmittal (1 pg.);
- Petition for Extension of Time (1 pg.);
- Amendment and Response to Office Action (12 pgs).

For transmission problems, please call (650) 849-4825

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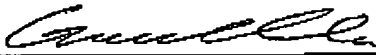
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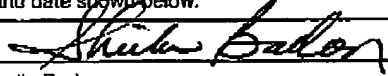
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/799,899	
	Filing Date	March 12, 2004	
	First Named Inventor	Stefan Bengtsson	
	Art Unit	2863	
	Examiner Name	Meagan S. Walling	
Total Number of Pages in This Submission	14	Attorney Docket Number	2024071-7005362002

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply (12gs). <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Formal Drawing(s) (sheets) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Fax Cover Sheet to Examiner
<div style="border: 1px solid black; padding: 2px;">Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm	Bingham McCutchen LLP		
Signature			
Printed Name	Gerald Chan		
Date	June 22, 2006	Reg. No.	51,541

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Signature			
Typed or printed name	Sheila Badon	Date	June 22, 2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PA/52193109.1/2024071-7005362002

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PTO/SB/17 (12-04v2)

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<p><i>Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</i></p> <h2 style="margin: 0;">FEE TRANSMITTAL for FY 2006</h2> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p>		<p><i>Complete if Known</i></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>Application Number</td><td>10/799,899</td></tr> <tr><td>Filing Date</td><td>March 12, 2004</td></tr> <tr><td>First Named Inventor</td><td>Stefan Bengtsson</td></tr> <tr><td>Examiner Name</td><td>Meagan S. Walling</td></tr> <tr><td>Art Unit</td><td>2863</td></tr> <tr><td>Attorney Docket No.</td><td>2024071-7005362002</td></tr> </table>		Application Number	10/799,899	Filing Date	March 12, 2004	First Named Inventor	Stefan Bengtsson	Examiner Name	Meagan S. Walling	Art Unit	2863	Attorney Docket No.	2024071-7005362002
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Examiner Name	Meagan S. Walling														
Art Unit	2863														
Attorney Docket No.	2024071-7005362002														
<p>TOTAL AMOUNT OF PAYMENT (\$) 450.00</p>															

METHOD OF PAYMENT (check all that apply)

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
Total Claims	Extra Claims	Fee(\$)
_____ -20 or HP= _____	x _____	= _____
HP = highest number of total claims paid for, if greater than 20.		
Indep. Claims	Extra Claims	Fee(\$)
_____ - 3 or HP= _____	x _____	= _____
HP = highest number of independent claims paid for, if greater than 3.		

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

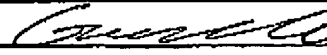
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____ - 100 = _____	/ 50 = _____	(round up to a whole number) x	=	_____

4. OTHER FEE(\$)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge) : Petition for Extension of Time (Two months) **450.00**

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	51,541	Telephone	650-849-4960
Name (Print/Type)	Gerald Chan	Date	June 22, 2006		

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